

Adult Family Home Disclosure of Services Required by RCW 70.128.280

HOME / PROVIDER Country Haven Adult Family Home	LICENSE NUMBER 752156
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NOTE: The term “the home” refers to the adult family home / provider listed above.

The scope of care, services, and activities listed on this form may not reflect all required care and services the home must provide. The home may not be able to provide services beyond those disclosed on this form, unless the needs can be met through “reasonable accommodations.” The home may also need to reduce the level of care they are able to provide based on the needs of the residents already in the home. For more information on reasonable accommodations and the regulations for adult family homes, see [Chapter 388-76](#) of Washington Administrative Code.

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About the Home

1. PROVIDERS STATEMENT (OPTIONAL)

The optional provider’s statement is free text description of the mission, values, and/or other distinct attributes of the home.

Country Haven is a well established home, that prides itself in maintaining and promoting independence in a home like environment.

2. INITIAL LICENSING DATE

01/01/2000

3. OTHER ADDRESS OR ADDRESSES WHERE PROVIDER HAS BEEN LICENSED:

N/A

4. SAME ADDRESS PREVIOUSLY LICENSED AS:

N/A

5. OWNERSHIP

- ☐ Sole proprietor
- ☒ Limited Liability Corporation
- ☐ Co-owned by:
- ☐ Other:

Personal Care

“Personal care services” means both physical assistance and/or prompting and supervising the performance of direct personal care tasks as determined by the resident’s needs, and does not include assistance with tasks performed by a licensed health professional. (WAC 388-76-10000)

1. EATING

<p>If needed, the home may provide assistance with eating as follows:</p> <p>Texture modification of the food, cuing and feeding of resident as indicated to maintain nutrition and hydration</p>
<p>2. TOILETING</p> <p>If needed, the home may provide assistance with toileting as follows:</p> <p>As indicated to maintain continence and skin integrity. SBA to total assist with toileting or incontinent care.</p>
<p>3. WALKING</p> <p>If needed, the home may provide assistance with walking as follows:</p> <p>SBA to assist of 2 for ambulation, as identified on the individual service plan.</p>
<p>4. TRANSFERRING</p> <p>If needed, the home may provide assistance with transferring as follows:</p> <p>Stand by assistance to total dependence, transfers with mechanical lifts</p>
<p>5. POSITIONING</p> <p>If needed, the home may provide assistance with positioning as follows:</p> <p>Assistance with position change, to complete dependence with turning and positioning at q2hr intervals or as needed to maintain skin integrity.</p>
<p>6. PERSONAL HYGIENE</p> <p>If needed, the home may provide assistance with personal hygiene as follows:</p> <p>Per service plan, with routine assist with hygiene and peri-care.</p>
<p>7. DRESSING</p> <p>If needed, the home may provide assistance with dressing as follows:</p> <p>SBA, set up, cuing to total dependence with dressing.</p>
<p>8. BATHING</p> <p>If needed, the home may provide assistance with bathing as follows:</p> <p>SBA to total dependence for all bathing activities.</p>
<p>9. ADDITIONAL COMMENTS REGARDING PERSONAL CARE</p> <p>All personal care as indicated to maintain highest level of function and comfort.</p>
<p style="text-align: center;">Medication Services</p>
<p>If the home admits residents who need medication assistance or medication administration services by a legally authorized person, the home must have systems in place to ensure the services provided meet the medication needs of each resident and meet all laws and rules relating to medications. (WAC 388-76-10430)</p>
<p>The type and amount of medication assistance provided by the home is:</p> <p>Self administration to delegation.</p>
<p>ADDITIONAL COMMENTS REGARDING MEDICATION SERVICES</p> <p>Medication administration in accordance to individual service plan</p>
<p style="text-align: center;">Skilled Nursing Services and Nurse Delegation</p>
<p>If the home identifies that a resident has a need for nursing care and the home is not able to provide the care per chapter 18.79 RCW, the home must contract with a nurse currently licensed in the state of Washington to provide the nursing care and service, or hire or contract with a nurse to provide nurse delegation. (WAC 388-76-10405)</p>
<p>The home provides the following skilled nursing services:</p>

<p>The home has the ability to provide the following skilled nursing services by delegation:</p> <p>Dressing changes, daily insulin injections, G tube feedings.</p>
<p>ADDITIONAL COMMENTS REGARDING SKILLED NURSING SERVICE AND NURSING DELEGATION</p> <p>RN run home with availability of skilled nursing services as indicated on individual service plan</p>
<p>Specialty Care Designations</p>
<p>We have completed DSHS approved training for the following specialty care designations:</p> <p> <input type="checkbox"/> Developmental disabilities <input checked="" type="checkbox"/> Mental illness <input checked="" type="checkbox"/> Dementia </p>
<p>ADDITIONAL COMMENTS REGARDING SPECIALTY CARE DESIGNATIONS</p>
<p>Staffing</p>
<p>The home's provider or entity representative must live in the home, or employ or have a contract with a resident manager who lives in the home and is responsible for the care and services of each resident at all times. The provider, entity representative, or resident manager is exempt from the requirement to live in the home if the home has 24-hour staffing coverage and a staff person who can make needed decisions is always present in the home. (WAC 388-76-10040)</p> <p> <input type="checkbox"/> The provider lives in the home. <input type="checkbox"/> A resident manager lives in the home and is responsible for the care and services of each resident at all times. <input checked="" type="checkbox"/> The provider, entity representative, or resident manager does not live in the home but the home has 24-hour staffing coverage, and a staff person who can make needed decisions is always present in the home. </p> <p>The normal staffing levels for the home are:</p> <p> <input checked="" type="checkbox"/> Registered nurse, days and times: <u>Monthly as scheduled</u> <input type="checkbox"/> Licensed practical nurse, days and times: <u>PRN as needed for change of condition</u> <input checked="" type="checkbox"/> Certified nursing assistant or long term care workers, days and times: <u>C.N.A. coverage 24/7</u> <input checked="" type="checkbox"/> Awake staff at night <input type="checkbox"/> Other: </p>
<p>ADDITIONAL COMMENTS REGARDING STAFFING</p>
<p>Cultural or Language Access</p>
<p>The home must serve meals that accommodate cultural and ethnic backgrounds (388-76-10415) and provide informational materials in a language understood by residents and prospective residents (Chapter 388-76 various sections)</p>
<p>The home is particularly focused on residents with the following background and/or languages:</p> <p>The home is English speaking only</p>
<p>ADDITIONAL COMMENTS REGARDING CULTURAL OR LANGUAGE ACCESS</p> <p>Language line and communication boards could be used for nonenglish speaking residents.</p>
<p>Medicaid</p>
<p>The home must fully disclose the home's policy on accepting Medicaid payments. The policy must clearly state the circumstances under which the home provides care for Medicaid eligible residents and for residents who become eligible for Medicaid after admission. (WAC 388-76-10522)</p>

☐ The home is a private pay facility and does not accept Medicaid payments.

☒ The home will accept Medicaid payments under the following conditions:

Conversion to Medicaid after a minimum of 2 years of private pay

ADDITIONAL COMMENTS REGARDING MEDICAID

Activities

The home must provide each resident with a list of activities customarily available in the home or arranged for by the home (WAC 388-76-10530).

The home provides the following:

Singing, gardening, games, cooking, crafts

ADDITIONAL COMMENTS REGARDING ACTIVITIES

Please Return the completed form electronically to AFHDisclosures@DSHS.WA.GOV

The form may also be returned by mail at:

RCS – Attn: Disclosure of Services

PO Box 45600

Olympia, WA 98504-5600